# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response . . . . 16.00

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
JNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY
Prefix Serial
DATE RECEIVED

U7U72029	1298749								
Name of Offering ( check if this is an ame	ndment and name has changed, and indicate ch	nange.)							
Falcon Funding, LLC offering of beneficial interests in trust to hold debt instrument.									
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505 ☐ Rule :	506 Section 4(6) [14] QBC							
Type of Filing: New Filing	Amendment	ASS MEDELLE							
	A. BASIC IDENTIFICATION DATA	SEP 1 5 2004							
1. Enter the information requested about the	issuer	( SEP L D COOT							
Name of Issuer ( check if this is an amendment and the name has changed, and indicate change.)									
Falcon Funding, LLC, a Florida limited lia									
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)							
7602 Marblehead Lane, Parkland, Florida		(954) 346-9700							
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Axea Code)							
(if different from Executive Offices)									
Brief Description of Business		A PROCESSED							
To acquire and develop real property.		1/ 05D 4 0 000							
		V SEP 1 6 2004							
Type of Business Organization		TI ION MACA							
corporation	limited partnership, already formed	other (please specify): THOMSON FINANCIAL							
business trust	limited partnership, to be formed	limited liability company							
Actual or Estimated Date of Incorporation or Jurisdiction of Incorporation or Organization	Organization:    Month   Year								

# GENERAL INSTRUCTIONS

#### Federal:

Who Must File All issuers making an offering of securities in reliance on an exemption under Regulation D or Securities 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION-

Failure to file notice in the appropriate states will not result in a lost of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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#### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of the corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Executive Officer Manager Manager General and/or Check Box(es) that Apply: Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Falcone, Arthur J. Business or Residence Address (Number and Street, City, State, Zip Code) 7602 Marblehead Lane, Parkland, FL 33067 Beneficial Owner Check Box(es) that Apply: Promoter Executive Officer Manager/ General and/or Member Managing Partner Full Name (Last name first, if individual) Falcone, Edward W. Business or Residence Address (Number and Street, City, State, Zip Code) 3300 University Drive, Suite 001, Coral Springs, FL 33065 Beneficial Owner Executive Officer Member | General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Arthur J. Falcone, as Trustee for The Arthur Falcone Revocable Living Trust Dated November 13, 1997 Business or Residence Address (Number and Street, City, State, Zip Code) 7602 Marblehead Lane, Parkland, FL 33067 Check Box(es) that Apply: Beneficial Owner Executive Officer Trustee of General and/or Promoter Issuer Managing Partner Full Name (Last name first, if individual) DiFiore, Cora Business or Residence Address (Number and Street, City, State, Zip Code) 3300 University Drive, Suite 001, Coral Springs, FL 33065 Beneficial Owner Executive Officer Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer General and/or Check Box(es) that Apply: Promoter Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer General and/or Check Box(es) that Apply: Promoter Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

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1.	B. INFORMATION ABOUT OFFERING  Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes	No			
	Answer also in Appendix, Column 2, if filing under ULOE.													
2.	What is the minimum investment that will be accepted from any individual? \$							\$	50,00	00.00				
									Yes	No				
3.	Does the offering permit joint ownership of a single unit?									$\boxtimes$				
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.														
Full Name (Last name first, if individual)														
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Bus	iness (	or Residei	nce Addres	ss (Number	and Street	, City, State	, Zip Code	e)						
Name of Associated Broker or Dealer														
Sta	tes in V	Which Per	rson Listed	Has Solici	ted or Inte	nds to Solic	it Purchas	ers						
(Check "All States" or check individual States)											All States			
[AI [IL] [M] [RI	] Г]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] X [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[H] [M] [O] [W]	Š] R]	[ID] [MO] [PA] [PR]
Full Name (Last name first, if individual)														
Bus	siness	or Reside	nce Addres	ss (Number	and Street	t, City, State	e, Zip Cod	e)						
Naı	me of	Associate	d Broker o	r Dealer									,	
Sta	tes in \	Which Pe	rson Listed	Has Solici	ted or Inte	nds to Solic	it Purchas	ers						
(Ch	eck "A	All States'	or check	individual S	States)									All States
[AI [IL [M [RI Ful	] T] ]	[AK] [IN] [NE] [SC] e (Last na	[AZ] [IA] [NV] [SD] me first, if	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	H] [M] [O] [W]	S] R]	[ID] [MO] [PA] [PR]
		(	,		,									
Business or Residence Address (Number and Street, City, State, Zip Code)														
Name of Associated Broker or Dealer														
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers														
(Check "All States" or check individual States)														
[Al [IL [M [RI	] T]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[0	S]	[ID] [MO] [PA] [PR]

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## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "O" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \[ \] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Sold Type of Security Offering Price 800,000.00 0 Debt Equity Common Preferred Convertible Securities (including warrants) Partnership Interests Other (Specify \$ Total Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "O" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors: Non-accredited Investors Not Applicable Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Not Applicable Dollar Type of Type of Offering Security Amount Sold Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information my be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees N/A Printing and Engraving Costs N/A 7,500.00 Legal Fees Accounting Fees \$ N/A \$ **Engineering Fees**

Sales Commissions (specify finders' fees separately)

Other Expenses (identify) Blue Sky Fees

Total

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N/A

N/A

2,435.00

9,935.00

\$

\$

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	C. OFFERING PRICE, NUMB	ER OF INVE	STORS, EX	PENSES ANI	) U	SE OF PR	OCE	EDS	J. Ale		
	<ul> <li>Enter the difference between the aggregate</li> <li>Question 1 and total expenses furnished i</li> <li>difference is the "adjusted gross proceeds to</li> </ul>	n response to I	Part C - Ques	stion 4.a. This				\$ _	7	90,065	
5.	Indicate below the amount of the adjusted gros to be used for each of the purposes shown. If t furnish an estimate and check the box to the payments listed must equal the adjusted gross process.	he amount for e left of the e	any purpose	is not known,							
	payments instea mast equal the adjusted gross p	occus				Payments					
						Officers Directors, Affiliate	&		P	ayments to Others	
	Salaries and fees				\$		0		\$	0	
	Purchase of real estate		\$		0	$\boxtimes$	\$	790,065			
	Purchase, rental or leasing and installation of ma		\$		0		\$	0			
	Construction or leasing of plan buildings and fac-	cilities			\$		0		\$	0	
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of											
	another issuer pursuant to a merger)				\$		0		\$ -	0	
	Repayment of indebtedness				\$		0		\$ -	0	
	Working capital				\$		0		\$ -	0	
	Other (specify)		_	_	\$		0		\$ -	0	
			_	_	\$		0		\$ -	0	
					\$ \$		0		\$ -	0	
Column Totals							0		\$ 0.057	- 0	
Total Payments Listed (column totals added)							<u> </u>	79	0,065	<del></del>	
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fol	sissuer has duly caused this notice to be signed be owing signature constitutes an undertaking by the uest of its staff, the information furnished by the	e issuer to furn	ish to the U.S	S. Securities and	d Ex	kchange Co	ommis	sion,	upor	n written	
Issi	er (Print or Type)	Signature					Date	e			
	Falcon Funding, LLC, a Florida limited liability company							August 12, 2004			
Na	ne of Signer (Print or Type)	Title of Sign	(Print or	Гуре)							
Ar	hur J. Falcone	Manager									
			$\bigvee$								
	ntentional misstatements or omissions		ENTION stitute fed	eral criminal	vi	olations.	(Sec	18	u.s.	.C. 1001.)	

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